

Management Following Fracture

PQRI Data Collection Sheet

Patient's Name	Practice Medical Record Number (MRN)	Birth Date (mm/dd/yyyy) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
National Provider Identifier (NPI)		Date of Service	

Clinical Information

Billing Information

Step 1 Is patient eligible for this measure?

	Yes	No	Code Required on Claim Form
Patient is aged 50 years and older on date of encounter.	<input type="checkbox"/>	<input type="checkbox"/>	Verify date of birth on claim form.
Patient has a line item diagnosis of fracture of the hip, spine or distal radius AND a CPT E/M Service Code for this visit OR there is a CPT Procedure Code.	<input type="checkbox"/>	<input type="checkbox"/>	Refer to coding specifications document for list of applicable codes. Codes determining a patient's eligibility must be reported on the same claim as the quality code(s) identified below.
If No is checked for any of the above, STOP. Do not report a CPT category II code.			

Step 2 Does patient meet or have an acceptable reason for not meeting the measure?

Central Dual-Energy X-ray Absorptiometry (DXA) Measurement OR Pharmacologic Therapy ¹	Yes	No	Code to be Reported on Line 24D of Paper Claim Form, if Yes (or Service Line 24 of Electronic Claim Form)
DXA ordered	<input type="checkbox"/>	<input type="checkbox"/>	3096F
DXA performed	<input type="checkbox"/>	<input type="checkbox"/>	3095F
Pharmacologic therapy prescribed ²	<input type="checkbox"/>	<input type="checkbox"/>	4005F
Not ordered, performed or prescribed for one of the following reasons:			
• Medical (eg, not indicated, contraindicated, other medical reason)	<input type="checkbox"/>	<input type="checkbox"/>	3096F-1P OR 3095F-1P OR 4005-1P
• Patient (eg, patient declined, economic, social, religious, other patient reason)	<input type="checkbox"/>	<input type="checkbox"/>	3096F-2P OR 3095F-2P OR 4005F-2P
• System (eg, resources to perform the services not available, other reason attributable to health care delivery system)	<input type="checkbox"/>	<input type="checkbox"/>	3096F-3P OR 3095F-3P OR 4005F-3P
Document reason here and in medical chart. _____ _____			If No is checked for all of the above, report 3096F-8P OR 3095F-8P OR 4005F-8P (Central DXA measurement was not ordered or performed and a pharmacologic therapy for osteoporosis was not prescribed, reason not otherwise specified.)

Note: This measure should be reported at one of the following two instances if management following fracture has occurred or is planned within 3 months of fracture.

1) During an office visit with ICD-9-CM diagnosis code for fracture of hip, spine or distal radius OR

2) At the time of a procedure to repair a fracture

Prior DXA status or already on pharmacologic therapy pre-fracture meets this measure

continued on next page

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continued from previous page

¹Pharmacologic Therapy: U.S. Food and Drug Administration approved pharmacologic options for osteoporosis prevention and/or treatment of postmenopausal osteoporosis include, in alphabetical order: bisphosphonates (alendronate, ibandronate, and risedronate), calcitonin, estrogens (estrogens and/or hormone therapy), parathyroid hormone [PTH (1-34), teriparatide], and selective estrogen receptor modules or SERMs (raloxifene).

²“Prescribed” includes patients who are currently receiving medication(s) that follow the treatment plan recommended at an encounter during the reporting period, even if the prescription for that medication was ordered prior to the encounter.